



WATER PROTECTION BUREAU

Agency Use

Permit No.:

Date Rec'd

Amount Rec'd

Check No.

Rec'd By

FORM  
2B

**Montana Pollution Discharge Elimination System Application for  
New and Existing Concentrated Animal Feeding Operations and  
Aquatic Animal Production Facilities**

The Application form is to be completed by the owner or operator of a Concentrated Animal Feeding Operation (CAFO) or Aquatic Animal Production Facilities. Please read the attached instructions before completing this form. You must print or type legibly; forms that are not legible or are not complete will be returned. You must maintain a copy of the completed application form for your records.

**Section A - Application Status** (*Check one*):

- ☐ New No prior application submitted for this site.
- ☐ Resubmitted Permit Number: MTG
- ☐ Renewal Permit Number: MTG
- ☐ Modification Permit Number: MTG (Discuss Modification in Section K)

**Section B - Facility or Site Information** (*See instruction sheet.*):

Site Name \_\_\_\_\_

Site Location \_\_\_\_\_

Nearest City or Town \_\_\_\_\_ County \_\_\_\_\_

Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

Date Facility began operation? \_\_\_\_\_

Is this facility or site located on Indian Lands? ☐ Yes ☐ No

**Section C - Applicant (Owner/Operator) Information:**

Owner or Operator Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Is the person listed above the owner? ☐ Yes ☐ No

Status of Applicant (*Check one*) ☐ Federal ☐ State ☐ Private ☐ Public ☐ Other (specify) \_\_\_\_\_

**Section D - Existing or Pending Permits, Certifications, or Approvals:** ☐ None

☐ MPDES \_\_\_\_\_ ☐ RCRA \_\_\_\_\_  
☐ PSD (Air Emissions) \_\_\_\_\_ ☐ Other \_\_\_\_\_  
☐ 404 Permit (dredge & fill) \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Section E - Standard Industrial Classification (SIC) Codes:**

Provide at least one SIC code which best reflects the construction activity or project described in Section H.

Code	A. Primary	Code	B. Second
<b>1</b>		<b>2</b>	
Code	C. Third	Code	D. Fourth
<b>3</b>		<b>4</b>	

**Section F - Facility or Site Contact Person/Position:**

Name and Title, or Position Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, and Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

**Section G - Receiving Surface Water(s):**

Outfall/Discharge Locations: For each outfall, list latitude and longitude to the nearest second and the name of the receiving waters

Outfall Number	Latitude	Longitude	Receiving Surface Waters
001			
002			
003			
004			
005			

**MAP:** Attach a topographic map extending one mile beyond the property boundaries of the site or activity identified in Section B depicting the facility or activity boundaries, major drainage patterns, and the receiving surface waters, stated above. Also identify the specific location of the production area, and land application area(s).

**Section H – Facility Type**

☐ Concentrated Animal Feeding Operations (CAFO). Please fill out Section H.  
☐ Aquatic Animal Production Facility. Please fill out Section I.

## Section I - Concentrated Animal Feeding Operation Characteristics

### Waste Production, Storage and Disposal

Animal Type	Number in Open Confinement	Number Housed Under Roof
<input type="checkbox"/> Mature Dairy Cows		
<input type="checkbox"/> Dairy Heifers		
<input type="checkbox"/> Veal Calves		
<input type="checkbox"/> Cattle (not dairy or veal)		
<input type="checkbox"/> Swine (55 lbs or over)		
<input type="checkbox"/> Swine (55 lbs or under)		
<input type="checkbox"/> Horses		
<input type="checkbox"/> Sheep or Lambs		
<input type="checkbox"/> Turkeys		
<input type="checkbox"/> Chickens (broilers)		
<input type="checkbox"/> Chickens (layers)		
<input type="checkbox"/> Ducks		
<input type="checkbox"/> Other (Specify:_____)		
<input type="checkbox"/> Other (Specify:_____)		
<input type="checkbox"/> Other (Specify:_____)		

### Manure, Litter, and/or Wastewater Production and Use:

How much manure, litter, and process wastewater is generated annually by the facility?

Solid (tons): \_\_\_\_\_ Liquid/Slurry (gallons): \_\_\_\_\_

If land applied, how many acres of land under the control of the permit applicant are available to apply the manure, litter, or process wastewater generated from the facility? (Note: Do not include setback distances in available acreage) \_\_\_\_\_ Acres

How much manure, litter, and process wastewater is transferred to other persons per year? (estimated)

Solid (tons): \_\_\_\_\_ Liquid/Slurry (gallons): \_\_\_\_\_

### Waste Containment and Storage

Type of Containment/Storage	Total Capacity	Units (gallons or tons)
<input type="checkbox"/> Anaerobic Lagoon		
<input type="checkbox"/> Storage Pond #1		
<input type="checkbox"/> Storage Pond #2		
<input type="checkbox"/> Storage Pond #3		
<input type="checkbox"/> Storage Pond #4		
<input type="checkbox"/> Storage Pond #5		
<input type="checkbox"/> Above Ground Storage Tank		
<input type="checkbox"/> Below Ground Storage Tank #1		
<input type="checkbox"/> Below Ground Storage Tank #2		
<input type="checkbox"/> Underfloor Pits		
<input type="checkbox"/> Roofed Storage Shed		
<input type="checkbox"/> Concrete Pad		
<input type="checkbox"/> Impervious Soil Pad		
<input type="checkbox"/> Other (Specify:_____)		
<input type="checkbox"/> Other (Specify:_____)		

### **Nutrient Management Plan**

All Concentrated Animal Feeding Operations seeking permit coverage after July 31, 2007 are required to complete and implement a Nutrient Management Plan (NMP). The NMP must be submitted to the Department using the form provided by the Department (Form NMP). Check the box below that applies and provide the required information. The NMP must be developed in accordance with the latest version of Department Circular DEQ-9 and implemented upon the effective date of permit coverage. (Check One)

- ☐ The facility has an NMP?
- Date NMP was developed: \_\_\_\_\_
- Date NMP was last modified: \_\_\_\_\_

☐ NMP has not been prepared; provide detailed explanation below.

### **Animal Waste Storage and Containment System**

All components of the applicants waste management system constructed after February 23, 2006 must conform to the State Technical Standard given in Section 1 of the most recent version of Department Circular DEQ-9. Plans and specification must be prepared by an individual qualified to design animal waste management systems. The applicant certifies that any component of the animal waste management system constructed after February 23, 2006 has been built in accordance with Department Circular DEQ-9.

- ☐ Plans and specifications for proposed construction/modification are attached.
- ☐ Plans and specifications for waste storage systems constructed after February 23, 2006 have been previously submitted to the Department.
- Date of Plans: \_\_\_\_\_ System Designer: \_\_\_\_\_
- ☐ This section does not apply. Provide Explanation:

**Skip to Section K**

**Section J – Aquatic Animal Production Facility Characteristics**

For each outfall give the maximum daily flow, maximum 30 day flow, and the long term average flow.

Outfall No.	Maximum Daily	Maximum 30 Day	Long Term Average

Indicate the total number of ponds, raceways, and similar structures in your facility.

Ponds	Raceways	Other

Provide the name of the receiving water and the source of water used by your facility.

Receiving Water	Water Source

List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pound of harvestable weight, and also give the maximum weight present at any one time.

Cold Water Species			Warm Water Species		
Species	Harvestable Weight (pounds)		Species	Harvestable Weight (pounds)	
	Total Yearly	Maximum		Total Yearly	Maximum

Report the total pounds of food fed during the calendar month of maximum feeding.

Month: \_\_\_\_\_ Pounds of food: \_\_\_\_\_

## Section K – Supplemental Information

## Section L - CERTIFICATION

**Applicant Information:** This form must be completed, signed, and certified as follows:

- For a corporation, by a principal officer of at least the level of vice president;
- For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

### All Applicants Must Complete the Following Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations. [75-5-633, MCA]

A. Name (Type or Print)

B. Title (Type or Print)

C. Phone No.

D. Signature

E. Date Signed

*The Department will not process this form until all of the requested information is supplied, and the appropriate fees are paid.* Return this form (Form 2B), and the applicable fee(s) to:

Department of Environmental Quality  
Water Protection Bureau  
PO Box 200901  
Helena, MT 59620-0901  
(406) 444-3080

## INSTRUCTIONS FOR

### Form 2B – Application for New and Existing Concentrated Animal Feeding Operations and Aquatic Animal Production Facilities

**IMPORTANT:** Do not use this form to transfer permit coverage to a new owner or operator, you must use Form PTN. You must provide the information requested for this application to be complete. Responses must be self-explanatory and must not refer exclusively to attached maps, plans, or documents. The appropriate fees must accompany this Form 2B. Mail this to the DEQ address stated on the form. You must maintain a copy of the completed form for your records. CAFO General Permit and the Fish Farm General Permit documents and related forms are available at (406) 444-3080 or on the DEQ website at: <http://www.deq.mt.gov>

Please type or print legibly; applications that are not legible or are not complete will be returned.

### SPECIFIC ITEM INSTRUCTIONS

#### ***Section A – Application Status***

Check the box that applies and provide the requested information. If Form 2B (or a Short Form B) has not been previously submitted for this site, check the first box (New). The Department will assign a permit number when the form is submitted. The permit number is a 9-digit code beginning with MTG. If you submitted a Form 2B (or Short Form B) and the Department returned it to you as deficient or incomplete, check the second box (Resubmitted); if you were notified by the Department that the permit coverage expired and you are now submitting an updated Form 2B, check the third box (Renewal); if there is a change in the facility or site information (Section H or Section I), check the last box (Modification). If a Form 2B (or a Short Form B) has been submitted and returned as incomplete, then the permit number appears in the upper right hand corner of the form. If the site is covered under the *General Permit for Concentrated Animal Feeding Operations* or the *General Permit for Fish Farms*, the number is given on the Authorization letter sent to you by the Department. The permit number must be included on any correspondence with the Department regarding this site.

#### ***Section B – Facility or Site Information:***

Identify the legal name of the facility, site, or activity that is subject to permit coverage. The site is the land or property where the facility or activity is physically located or conducted, including adjacent land used in connection with the facility or activity. Give the address or location of this facility or site and the geographical information. The location may be a physical mailing address or description of how the site may be accessed. (PO Boxes are not acceptable.) Latitude and longitude must be accurate to the nearest second. Sources include GPS, a USGS topographic map, and/or “Topofinder” from

<http://nris.mt.gov/interactive.html>

#### ***Section C – Applicant (Owner/Operator) Information:***

Give the name, as it is legally referred to, of the person, business, public organization, or other entity that owns, operates, controls or supervises the site or activity described in Section B of this Form. The operator is the legal entity which controls the facility or site operation. The permit will be issued to the entity identified in this section (Section C). The owner or operator assumes all liability for discharges of the site and compliance with the permit. If the owner or operator is other than a person or government entity it must be registered with the Montana Secretary of State’s office.

#### ***Section D– Existing or Pending Permits, Certifications, or Approvals:***

Specify by number any existing or pending permits that exist for this facility or activity.

#### ***Section E – Standard Industrial Classification (SIC) Code:***

List, in descending order of significance, the four digit standard industrial codes that best describe the

activities at this site. Also, provide a brief description in the space provided. A complete list of SIC Codes (and conversions from the newer North American Industry Classification System (NAICS)) can be obtained from the Internet at <http://www.census.gov/epcd/www/naics.html> or in paper form from the document entitled “Standard Industrial Classification Manual”, Office Management and Budget, 1987. SIC Code listings may also be found at <http://www.osha.gov/pls/imis/sicsearch.html>. At least one SIC code must be provided. See attached table for common SIC codes.

**Section F – Facility or Site Contact Person/Position:**

Give the name, title, and work phone number of a person who is thoroughly familiar with the operation of the facility or site activity or project and with the facts reported in this form, and who can be contacted by the Department for additional information. Those facilities with periodic changes in the contact person may provide the contact person position instead of a person's name.

**Section G – Receiving Surface Water(s):**

An outfall location is considered to be a discrete channel, conveyance, structure, or flow path from which the discharge leaves the boundary of the site or facility and/or enters surface water. “Surface waters” is defined in ARM 17.30.1102(32) as any waters on the earth’s surface including, but not limited to, streams, lakes, ponds, reservoirs, or other surface water including ephemeral and intermittent drainage ways and irrigation systems. Water bodies used solely for treating, transporting, or impounding pollutants shall not be considered surface water. Provide the following information in the table on the application form:

1. Assign a number to each outfall starting with 001. If the outfall is not well defined, assign the outfall number to a drainage area. For existing permittees, ensure outfall numbers used are consistent with those identified in the past for the same outfall.
2. Latitude/longitude can be derived from a USGS 7.5 minute topographic map and/or “Topofinder” at <http://nris.mt.gov/interactive.html>. Latitude and longitude must be accurate to the nearest second.
3. Give the name of the surface waters that receive the discharge. If the discharge reports to a municipal storm sewer, please indicate so.
4. Please attach a USGS topographic map(s) indicating the boundary of your site or facility, major drainage patterns, and the receiving surface water(s).

**Section H – Facility Type**

Identify which type of facility you are applying for. If you are applying for a concentrated animal feeding operation (CAFO) fill out Section I and skip to Section K. If you are applying for an aquatic animal production facility skip Section I and fill out Section J.

**Section I – Concentrated Animal Feeding Operation Characteristics**

**Waste Production, Storage and Disposal**

Report the maximum number of each of type of animal confined at any one time and the type of confinement structure used for each (e.g. open feedlot, under roof, etc.).

To *transfer waste* means to give away or sell waste to another person for disposal on land owned or controlled by someone other than the permit applicant.

The term “*storage pond*,” includes, but is not limited to ponds, aerobic lagoons, evaporation ponds, manure holding cells, collection basins, settling basins, bermed or diked areas used for impounding waste, and temporary or seasonal waste holding ponds.

“*Production area*” means that part of a Animal Feeding Operation (AFO) that includes the animal confinement area, the manure storage area, the raw materials storage area, and the waste containment areas. The *animal confinement area* includes but is not limited to open lots, housed lots, feedlots, confinement houses, stall barns, free stall barns, milkrooms, milking centers, cowyards, barnyards,



medication pens, walkers, animal walkways, and stables. The *manure storage area* includes but is not limited to lagoons, runoff ponds, storage sheds, stockpiles, under house or pit storages, liquid impoundments, static piles, and composting piles. The *raw materials storage area* includes but is not limited to feed silos, silage bunkers, and bedding materials. The *waste containment area* includes but is not limited to settling basins, and areas within berms and diversions which separate uncontaminated storm water. Also included in the definition of production area is any egg washing or egg processing facility, and any area used in the storage, handling, treatment, or disposal of mortalities.

“*Land application area*” means land under the control of a AFO owner or operator, whether it is owned, rented, or leased, to which manure, litter or process wastewater from the production area is or may be applied.

### ***Section J – Aquatic Animal Production Facility Characteristics***

Outfalls should be numbered to correspond with the map submitted in Section G. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30 day flow is the average of measured daily flows over the calendar month of highest flow. The long term average flow is the average of measured daily flows over a calendar year.

Give the total number of discrete ponds or raceways in your facility. Under “other” give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to state surface water.

Use the names for the receiving water and source of water which correspond to the map submitted in Section G.

The names of fish species should be proper, common or scientific names as given in special Publication No. 6 of the American Fisheries Society, “A List of Common and Scientific Names of Fishes from the United States and Canada.” The values given for total weight produced by your facility per year and the maximum weight present at any one time should represent your normal operation.

The value given for maximum monthly pounds of food should be representative of your normal operation.

### ***Section K – Supplemental Information:***

Use the space provided to expand upon any information requested in the application or information you wish to bring to the attention of the reviewer. Attach additional sheets, if necessary. For applicants requesting a modification to an existing authorization or site-specific Nutrient Management Plan (aka Form NMP), provide an explanation of the requested modification.

## Common Standard Industrial Classification (SIC) Codes

Division	SIC	Industrial Activity Represented
Agriculture, Forestry and Fishing	0211	Beef Cattle Feedlots
	0212	Beef cattle, Except Feedlots
	0213	Hogs
	0214	Sheep and Goats
	0241	Dairy Farms
	0251	Broiler, Fryer and Roaster Chickens
	0252	Chicken Eggs
	0253	Turkeys and Turkey Eggs
	0254	Poultry Hatcheries
	0259	Poultry and Eggs, not elsewhere classified (Ducks)
	0272	Horses and Other Equines
	0921	Fish Hatcheries and Preserves
Mining	1021	Copper Ores
	1031	Lead and Zinc Ores
	1044	Silver Ores
	1041	Gold Ores
	1221	Bituminous Coal and Lignite Surface Mining
	1311	Crude Petroleum and Natural Gas
	1442	Construction Sand and Gravel
Construction	1521	General Contractors – Single Family Houses
	1522	General Contractors – Residential Bldgs Other Than Single Family
	1542	General Contractors – Nonresidential Buildings, Other than Industrial Buildings and Warehouses
	1611	Highway and Street Construction, Except Elevated Highways
	1622	Bridge, Tunnel, and Elevated Highway Construction
	1623	Water, Sewer, Pipeline, Communications & Power Line Construction
	1629	Heavy Construction, Not Elsewhere Classified
	1794	Excavation Work
Manufacturing	7349	Building Cleaning and Maintenance Services, Not Elsewhere
	2011	Meat Packing Plants
	2063	Beet Sugar
	2421	Sawmills and Planing Mills, General
	2611	Pulp Mills
	2911	Petroleum Refining
	3241	Cement, Hydraulic
Transportation, Communications, Electric, Gas and Sanitary Services	4911	Electric Services
	4941	Water Supply
	4952	Sewerage Systems
	4953	Refuse Systems
Wholesale Trade	5093	Scrap and Waste Materials
	5154	Livestock
	5171	Petroleum Bulk Stations and Terminals
Retail Trade	5541	Gasoline Service Stations
	5984	Liquefied Petroleum Gas (Bottled Gas) Dealers
Services	7011	Hotels and Motels
	7033	Recreational Vehicle Parks and Campsites
	7542	Carwashes
Public Administration	9224	Fire Protection
	9711	National Security